

U.S. DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE VETERINARY SERVICES	SCRAPIE TEST RECORD - CONTINUATION SHEET Complete all entries on VS Form 5-29 before using this form.	FLOCK ID	PAGE NO. ___ of ___	FORM APPROVED OMB NO. 0579-0101
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FLOCK OWNER'S NAME - LAST	FIRST	INITIAL	DATE COLLECTED	VETERINARIAN
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Specimen #	Official ID Number	Other ID Numbers	Designation (pos, sus, exp, me, n/a)	Age	Sex (f,m,cm)	Breed (if unknown, face color)	3rd Eyelid Info		
							L	R	Seen Unseen

NOTE: Sample numbers on specimens must be the same as listed on this form. ☐ ☐

Circle if the 3rd eyelid tissue came from the Left or Right eye. Circle if the lymphoid tissue was Seen or Unseen

Remarks:

COPY DESIGNATIONS

PART 1 - OFFICE
PART 2 - OFFICE
PART 3 - OWNER
PART 4 - VETERINARIAN
PART 5 - ASSIGNMENT

PLACE ON HARD SURFACE AND WRITE FIRMLY

"USE TYPEWRITER OR PRINT CLEARLY - PRESS HARD - YOU ARE MAKING 5 COPIES"